

APPLICATION FOR STATE CONSTABLE COMMISSION

REMIT TO: S.C. LAW ENFORCEMENT DIVISION
PO BOX 21398, COLUMBIA, SC 29221-1398

AD # _____

Date of Advance Constable Test _____ Score _____

Name _____ Social Security No. _____

Address _____ City _____ Zip _____

County _____ Date of Birth _____ Sex _____ Race _____

Telephone No. (Home) _____ Work _____

Email Address _____

Voter Registration No. _____ Driver's License No. _____

Is Your Primary Residence in South Carolina ? Yes No

Current Employer _____

Will you use this commission in connection with your employment? Yes No
If yes: Bank (name) _____ Utility Co. (name) _____

Since your commission was last issued or renewed, have you been arrested or charged with any violations? Yes No

Has your physical condition changed since your current commission was issued? Yes No

Have you undergone treatment for any nervous, mental or emotional disorder since your current commission was issued? Yes No

If you answered yes to any of the above questions, please attach a detailed explanation.

If you are a Group II, Group III, or Advanced Constable, list the Law Enforcement Agencies you have assisted since your commission was issued (if within the past 4 years) or renewed. _____

Sworn to and subscribed to before me
This _____ day of _____, 20____.

Signature of Applicant

Notary Public for South Carolina

Date

My Commission Expires: _____